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ORIGINAL DEPARTMENT.

Communications.

TRANSLATIONS.

From the German, by Dr. M. PFLEUM.

1. *The Termination of the Sensible Nerve of the Urinary Bladder.* By Stud. Med., JOH. KISSELEW, at the University of Charkow.

Examinations about the relations of the nerve in the mucous membrane of the urinary bladder, which I made last winter session under the direction of Professor CHRYONSCZEWSKY, were of the following results:

I. The little nerve trunks of the sub-mucous-membrane send off fine nervous twigs, or more frequently single nerve fibres, which pierce the mucous membrane in different directions, and finally terminate in the following double way:

1. Either the nerve fibres go directly to the deeper epithelial layer, where they change into piriform neuclci containing structures, or
2. They unite in the upper part of the mucous membrane to a horizontally arranged plexus, and from this are eliminated those fibres which unite with the piriform structure.

II. Against the epithelial nature of these piriform structures speaks besides their form the following:

1. In a solution of carmine they get more intensely colored than the neighboring epithelial cells, and
2. They adhere more strongly to the mucous membrane than the common epithelial cells.

III. They are on the contrary of nervous nature, which appears from the following:

1. Chloride of gold gives them, in the same way as to the nerve fibres, a dark brown or even black color, whilst the surrounding connective tissue and the epithelial cells are not at all changed by it.
2. Every one of these structures is anatomically a continuation of the axis cylindre of a

nerve fibre. This continuation became evident by the isolated preparations.

IV. Before the junction with these terminal apparatuses, the axis-cylinder often undergoes a dichotomous division.

V. The nerve sheath disappears for the most part, still before the concerned fibre has reached the epithelial layer.

By this examination I availed myself of a solution of carmine, a solution of chloride of gold, and a solution of chromic acid (for isolating.) I also made use of pencil and needle.

Moveable Bodies in the Blood. By Dr. K. BETTELHEIM.

The writer found first in the blood of a patient suffering from hæmorrhagic variola, a rather large quantity of small bodies, partly punctiform, partly rodlike, bustling about like vibrions between the money-rolls, like arranged blood-corpuscles. The same were found by the writer in two cases of typhus exanthematicus, one of echinococcus hepatis, one of intermittens, one of chlorosis, hysteria, syphilis, scarlatina, pneumonia, etc. They were also found, but not in so great a number, in the blood of a considerable number of healthy persons, which had been examined with the greatest caution; altogether, the writer finds blood, in which these bodies are missing, than such, where they are present. He therefore thinks that their pathological importance should not be over-valued.

He observed the following three kinds:

1. Such bodies, which magnified 630 times, steadily appear as punctiform dark bodies, moving about rather briskly in to and fro waving excursions.
2. Very small bodies, just perceptible when magnified 1400 to 1500 times, moving about vigorously.
3. Larger, distinct redlike structures, of the size of half the diameter of a blood-corpuscle or a little smaller; they have a tumescence at the end, which appears as if it were separated from the rest of the little rods by being unstringed. Their motion is plain but slower. It seems, that besides their motion in toto, a wave-like motion goes in themselves.

The Influence of the Bile on the Salts of Quinine.

By Dr. MALININ, of Tiflis.

When the bile is brought in contact with a solution of sulphate of quinine, a reciprocal decomposition takes effect rapidly, namely: sulphate of soda, and glycocholate of quinine, with an abundance of free glycocholic acid gets formed. The glycocholate of quinine has the appearance of a resinous, thick, tough mass, is insoluble in water and in diluted acids in the usual temperature; but soluble in strong ammonia and in alcohol. It is only very little soluble in a solution of caustic alkali, as when long exposed to its influence a double combination ensues. When boiled with strong acids, especially the sulphuric acid, the quinine is set free again, whereby choloidinic acid seems to be formed; but this set free, quinine deviates in some respects from the common quinine. Under the influence of a saturated solution of the acetate of lead, the quinine of an alcoholic solution of the glycocholate of quinine separates very easily, a precipitate of glycocholate of lead is formed, and the acetate of quinine remains in the solution.

Judging then from the preceding, quinine can only be resorbed in the stomach, and what there of it goes over to the intestines must necessarily be lost, on account of the insoluble combination with the bile; this fact is of great importance with us in the Caucasus, where quinine is annually used in great quantities for intermittent fever, to the amount of pp. 40,000 rubles.

Anæsthetics.

The Dental Hospital and the Odontological Society of London have recently been conducting an extended series of experiments on the value of protoxide of nitrogen, or laughing gas, as an anæsthetic agent. The final conclusions drawn were that protoxide of nitrogen is not useful as an anæsthetic in severe and prolonged surgical operations, but acts well in minor cases. Children, it is stated, are most readily affected by the gas, remain the shortest time anæsthetized, and recover more rapidly than others. The reverse is the case with women.

Present Mode of Identification of Corpses at the Bellevue Hospital Morgue.

The Warden of Bellevue Hospital has adopted the plan of taking photographs of corpses brought into the Morgue, which allows of a more speedy interment. The number of the grave, with other necessary particulars, is entered in a register, and the photograph preserved for the convenience of inquiring friends and relatives.

Hospital Reports.

PENNSYLVANIA HOSPITAL,
Phila., Nov. 18, 1868.

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

Post Mortem Specimen.

Intestinal and Pulmonary Phthisis.—This specimen presents marked lesions connected, as in the case shown at the last clinic (v. p. 130), with tubercular disease. It was taken from the body of a man who had been in the hospital for upward of two months. He had the ordinary history of phthisis; and the physical signs were those which indicated marked consolidation and subsequent softening of the lung structure. There was then about that part of the case nothing very unusual. But irrespective of the pulmonary difficulty, there existed throughout a laryngeal affection, (difficulty of swallowing, impaired voice,) and, as a still more marked feature, an intestinal affection which betrayed itself in a slight soreness of the abdomen, and more particularly in a constant, uncontrollable diarrhoea. It will be instructive to ascertain with what states of the intestine this uncontrollable diarrhoea was associated, and also to look at the lung structure.

There is found at the upper lobe of the left lung a large cavity. It is nearly as large as the perfect sac presented by the case examined at the last clinic (v. p. 130), but in this respect different, that there is more of lung structure left, and its walls are not so smooth. It is therefore more typical of a tubercular cavity. In the other portions of the lung are to be seen tubercular deposits in which small cavities are beginning to form.

The intestine shows very marked lesions. PEYER'S glands are largely ulcerated, there are large ulcers in the colon, and a few ulcers exist in the upper portion of the small intestines. These ulcers are quite significant. They are not ordinary ulcers, but tubercular ulcers. The case is one, therefore, of intestinal phthisis, as well as of lung phthisis. The intestinal symptoms were, of course, uncontrollable, because they depended upon the same kind of deposit, with softening, that proved so destructive in the lung. The general way in which the specific ulceration of the bowel takes place is as follows: The deposition of tubercular matter takes place, not often in the mucous coat, but rather in the submucous coat of the intestines. It raises the

submucous coat, and after a while it extends, or rather the process of ulceration which is set up extends to the mucous coat, and thus breaks through, as it were, into the intestine. Or, again, though this is rare, the ulceration passes from the submucous coat in an outward direction to the periosteum, and even leading to perforation. One of the ulcers here found had almost perforated the peritoneal investment.

A practical point is the manner of distinguish these ulcers from the ulcers of typhoid fever, for they have in this case affected chiefly the very part affected in that disease. In the ulcers of typhoid fever there is loss of structure, but there is no inflammatory action, hence the edge of the ulcers which is here found closely defined, raised and indurated, does not exist in the lesion of that fever. Moreover, there are to be seen, on looking at one of these ulcers closely, signs of deposit, which cannot be detected in the typhoid fever ulcer.

Tubercular infiltration has also taken place in the mesenteric glands. Of course, with such a state of things, the body could not be nourished.

Every case of diarrhoea in phthisis will not present lesions as marked as this. In bad cases of marked tubercular diathesis, simultaneous tubercular affection of the bowel is apt to occur. Still, a fair proportion of cases of tubercle which have diarrhoea show, after death, simply a little engorgement and thickening here and there, but nothing approaching to true tubercular deposit and ulceration, such as is exhibited in the specimen just examined.

Displacement of the Liver.

Annie H., æt. 40. Admitted 8th of October; married; has had seven children. She had an attack of bilious fever five years ago, from the effects of which she suffered for seven weeks. Otherwise she had been a healthy woman until about two years since, when she first noticed a dragging pain in the right hypochondrium, which at times was severe and accompanied by vomiting. The pain increased throughout the year, and a slight, hacking cough developed itself. About December, 1860, a gradual subsidence of pain took place, and she noticed a swelling appearing under the ribs on the right side.

The pain had entirely subsided about four weeks before admission, at which time, however, the swelling in the right side had projected down almost to Poupart's ligament, and, according to the patient's account, nearly to the median line, at least she was conscious of its extending so far. At the time the pain disappeared, one similar in character and intensity was developed in the cor-

responding situation on the left side. This pain has continued to the present time. It certainly was quite marked at the period of admission.

Looking back at this history, we find an attack of bilious fever first, then pain in the right side to a marked degree, lasting for about a year, gradually subsiding, and soon after, a swelling becoming manifest and extending over the whole of the right part of the abdomen anteriorly. There are to be added to this brief statement of the history, the facts that there were signs throughout of irritability of the stomach without pain on swallowing, that the bowels have been disposed to be constipated, that there has never been any dropsy, and that the patient is fond of gin. It is to be further stated, in regard to the abdominal organs, that the patient has been jaundiced, which, she says, occurred only three weeks before admission. She still presents some evidences of jaundice, although it is not nearly so marked as it was ten days ago. With reference to the presence or absence of fever, since she has been in the hospital, the highest temperature has been only 99.4-5 F., which is scarcely to be called a fever temperature. There is no pulmonary or cardiac disease. The urine is loaded with phosphates; sp. gr. 1022; contains a trace merely of albumen, and no casts.

Examining the condition of the patient as she now presents herself, she is seen to be a woman apparently well nourished; with very little yellowness of the skin or of the conjunctiva remaining; with a pulse of about 88; without cough; with good resonance over the chest anteriorly and posteriorly, filling the lungs thoroughly; with respiration distinct, even at the lower portion of the chest; with nothing abnormal about the heart-sounds; and with a very large abdomen.

Is this swelling due to dropsy? There is no fluctuation; the larger mass of it is tympanitic, but there is resistance to the touch and a hard, dense tumor, distinctly perceptible on the right side of the abdomen, extending almost to the median line, and down nearly to the symphysis of the pubis. This tumor is movable to a considerable degree. She states that she sometimes feels it move toward the left side. On passing the hand in under the lower part of the mass, a smooth and distinct outline can be distinctly felt.

What then is this tumor? The question which first naturally occurs is, whether or not the disease here present be an enlarged liver. Or is it a mere abdominal swelling, omental in character? Is it an enlarged kidney? Or, though it be on the right side, is it one of these curious

spleens which go travelling around the abdomen, much to the distress of practitioners, who have to ascertain what they really are? And, supposing it to be an enlarged liver, what particular affection would give rise to a swelling as marked as this?

These are certainly very interesting points to moot. In all cases of abdominal tumor, for such this may be called, roughly speaking, it is impossible to be too careful in diagnosis. The more experienced the physician becomes, the more apparent to him will become the sources of error. A hasty diagnosis in abdominal tumors, is almost sure to lead into mistakes, for in the most careful attempts a certain percentage of error is unavoidable.

Inasmuch as the swelling seems to proceed from the region of the liver, it would be important before settling its nature, to ascertain whether it be the liver or not. Could it be anything else? Yes, it could be the kidney. Dr. Da Costa saw a case not a year ago, in which an enormous tumor, situated just where this is, proved to be an enlarged kidney, and not a diseased liver. When a kidney is displaced, it may be found at any part of the abdomen. But against the supposition of this being a displaced right kidney are the facts, in the first place, that the urinary examination shows very little trouble, merely a trace of albumen, nothing more; in the second place, that this tumor is too large for a displaced kidney; and, in the third place, that it is not movable enough. These points cause a rejection of this supposition. It is true, as has just been stated, that very great enlargement might exist from a displaced kidney, but then there is almost invariably cancerous disease, some cachexia, which is here absent; the woman rather presenting an appearance of health than of disease.

In regard to the question of a splenic origin to the swelling, a diagnosis should never be made in a case of abdominal tumefaction without asking whether this organ be not at fault, for it sometimes makes its appearance where least expected. In this case, on percussing the splenic region proper, dulness is found, which dulness is not continuous with that on the right side. This supposition is therefore also rejected.

This might well be an omental tumor. But an omental tumor is generally, almost invariably, associated with marked signs of cachexia, being in its nature mostly cancerous. Sometimes a swelling in the right side is associated with chronic peritonitis, or with the formation of purulent matter. Then, however, marked

constitutional phenomena exist, which are here wanting.

Inasmuch, therefore, as the swelling is neither due to the kidney, the spleen nor the omentum, the liver view of its nature is gaining very strongly in probability, even by looking at the other points of the case first. What is noticed here in favor of that view? There is one, and that to be especially observed, as very valuable in diagnosis, namely, that the upper line of percussion dulness descends markedly with deep inspiration, and, at the same time, the lower line descends. The shifting of the percussion dulness is a very strong point in favor of this mass being a liver tumor. Assuming it to be so, a very difficult point remains; what affection of the liver is it? Is it a cancer of the liver which gives rise to enlargement? is it hydatid swelling of the liver? is it merely an enlarged liver in a person whose life has been intemperate, giving rise to a slightly granular, somewhat fatty condition of that organ? or is it no enlargement at all, but simply a displaced liver?

It is found that the appearance here, in a great part, is deceptive. On turning the patient on the side, and percussing on the back, clearness is found to exist over the region of the liver, and the dulness found lower down in front does not exist posteriorly; in other words, the liver does not extend backward as it ought. The upper part of the liver dulness begins lower down anteriorly than usual. Thus, then, this liver tumor turns out to be chiefly a displacement of the liver. It is not meant that it is all displacement, that there is no change in the liver structure, for the history indicates that there is. Moreover, the size of the liver, which is pushed forward and displaced, is such that it must be admitted there is some enlargement of that organ. But this is undoubtedly a case in which an apparently enlarged liver is seen, on accurate percussion, to be chiefly a displaced liver. Before, however, fully coming to this conclusion, there is one point in diagnosis which must not be overlooked. It would be quite possible for this to be a cyst of the liver. As cysts of the liver lead to atrophy of the upper part of the liver, a cyst projecting from the lower part would give the diminution of the percussion dulness at the upper and a large tumor at the lower part, such as is found here. But there is wanting, in this case, a very significant sign, namely, fluctuation, which is present in cysts of the liver. Moreover, on percussing abruptly, vibration of the cyst contents is apt to be elicited, whereas here the mass is smooth and hard.

This displacement of the liver is an extremely rare affection. It is sometimes met with, though seldom to a marked degree, as the result of tight lacing. In other cases it is due to an effusion between the diaphragm and the upper surface of the liver, to a kind of peri-hepatitis.

Of course it is important to make a diagnosis of an affection of this kind, since it influences the prognosis and treatment. Why this woman has a displaced liver is not easy to determine. The history would rather favor the idea that she had had some inflammation, peri-hepatic, or between the diaphragm and upper surface of the liver, that effusion had taken place, and subsequently an alteration of the ligaments, and that the liver being heavy from previous excess in the use of alcohol, had been dragged down by its weight.

The chief treatment here is a bandage to give her a support, and enable her to get about. Moreover, as there did exist some enlargement and change of structure of the liver in consequence of her habits, and as the secretions of the organ were not free and proper, she has been placed as a steady treatment on light purgatives, and, more particularly, on muriate of ammonia. Under this treatment the jaundice has disappeared, she feels more comfortable, and the character of the stools is much better. She takes 15 grains of muriate of ammonia three times a day. This will be continued for a time longer, and will then be exchanged for small quantities of nitro-muriatic acid. In a little while she will be well enough, with the aid of a bandage, to return to her occupations.

Temporary Blindness.

Dr. ENERT, of Berlin, mentions four cases of sudden temporary blindness, one in typhus, and three in nephritis scarlatina. (*Wiener Med. Wochenschrift*, No. 45, 1868.)

To which we will add one which occurred after a forceps delivery; in which the loss of sight continued for eight hours; and was total during that time. The patient has been delivered with forceps once since, and without the occurrence of the former symptom. She was always myopic. A. A. H.

Longevity in Mexico.

It appears that aside from the many casualties which shorten human life in Mexico, other influences are favorable to a good old age. A woman recently died in the City of Mexico, aged 118, and a widow is still living there aged 120, and able to go out. And seven Indian chiefs recently brought as prisoners to Vera Cruz, were aged respectively 64, 68, 80, 92, 93, and 104.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK.*

SIXTY-SECOND ANNIVERSARY.

The Medical Society of the State of New York met, pursuant to statute, in the Common Council Chamber, City Hall, Albany, on the 2d day of February, 1869, at 11 A. M.

The Society was called to order, by the President, Dr. J. V. P. QUACKENBUSH, of Albany.

The President announced the following committees:

Business Committee.—Drs. Sanford Eastman, W. C. Wey, and Odell.

Committee on Credentials.—Drs. Saunders, Boulware, and Govan.

Committee on Medical Ethics.—Drs. Bibbins, Chubbuck, and Calvin.

Committee on Reception.—Drs. March, Heustead, and Van Kleek.

Dr. MARCH, on behalf of Committee on Reception, introduced the following gentlemen, delegates from other State organizations: Dr. Smalley, from N. H. Medical Society; Drs. O. S. Root and C. T. Collins, from Berkshire Medical Society; Dr. B. H. Catlin, from Connecticut State Medical Society; and Dr. W. G. Wheeler, from Massachusetts Medical Society.

Dr. SQUIBB, on behalf of Committee on Prize Essays, recommended the award of the Merritt H. Cash Prize to Dr. J. C. Hutchison of Brooklyn, for a paper on acupressure. Adopted.

Dr. SQUIBB, from the Committee on Pharmacology, made an interesting and elaborate report. Referred to Committee on Publication.

FIRST DAY—AFTERNOON SESSION.

The Society met pursuant to adjournment at 3 P. M.

The meeting was called to order by the President.

At the suggestion of the Business Committee the minutes of the meeting were to be read every morning.

Dr. GEO. H. HUBBARD, in accordance with the action of the morning, read his eulogy upon Dr. THOMAS C. BRINSMADE.

SPONTANEOUS LITHOTOMY.

Dr. MARCH read a paper, entitled Spontaneous Lithotomy, giving an account of a case in which a large sized vesical calculus was discharged through an ulceration in the perineum.

* Condensed chiefly from *N. Y. Med. Record*.

Dr. NATHAN BOZEMAN next read a very elaborate paper on the certainty of the operation for vesico-vaginal fistula.

The Importance of Certainty in the Operation of Vesico-vaginal Fistula, and the best means of Securing the greatest success.

Dr. BOZEMAN, after stating that the maximum of success was 92 per cent. of all cases consecutively presented for treatment, endeavored to show from statistics the real difference in the results that had been secured with the usual forms of suture now in general use, including the double rows of interrupted silver suture and the button suture.

He said, although the above limit of success had not heretofore been quite reached with his button suture, still he believed it would be with the valuable aid afforded by his late improvement, consisting of a self-retaining speculum and a supporting and confining apparatus. This he said did away with the necessity of assistants, and enabled him now to operate successfully upon a small class of cases previously unmanageable. The most obvious results from those improvements, however, he thought would be seen in the diminution of the number of operations actually required, and of the consequent suffering of the patient.

In support of his statements, he then narrated five cases presenting seven fistulous openings, one a vesico uterine, all of which had been cured at six operations, since the adoption of the two improvements above made. The size of the fistula and the peculiar adaptation of his suture required in each of these cases, he illustrated with models made of buckskin and the same buttons that had been used.

After summing up the results of these operations he called attention to the great value of the *linen list* which he had used a number of years as a means of diagnosis in cases presenting fistules so small as to escape the closest search with the probe, especially those opening into the cervical canal known as *vesico-uterine*. He also called attention to cases of fistule complicated with laceration of the anterior lip of the cervix uteri, and showed the importance of the procedure first adopted by him in their management.

His classification of fistules, which is an extension of that of VELPEAU, he still thinks is preferable to any other that has been proposed, it being considered more in harmony with the anatomical peculiarities of the parts involved and the modifications required in his suture apparatus to suit individual cases.

SECOND DAY—MORNING SESSION.

The Society was called to order by the President, and prayer was offered by the Rev. Mr. HACKMAN.

The minutes of the first day's sessions were read and approved.

Dr. E. R. SQUIBB presented a biographical sketch of Dr. DEWITT C. ENOS, of Brooklyn. Referred to the Committee on Publication.

Dr. R. NEWMAN, as Chairman of Committee on Consanguineous Marriages, made a report, which was received with thanks by the Society.

Glaucoma.

Dr. HENRY D. NOYES, of N. Y., made some very interesting remarks upon the subject of glaucoma. He stated that the disease was more common in females than males, generally occurred in persons of a gouty or rheumatic diathesis, and in those past the age of forty. The general symptoms of glaucoma simplex, which was the first form to be considered, were pretty well marked, and consisted in some pain in and around the eye, floating specks upon the field of vision, with a few phosphorescent appearances. As it generally occurs about the time for commencing the use of glasses, it is generally noticed that these require to be stronger than usual. There is also sluggishness of the pupil; but the most important external condition is a more or less well-marked hardness of the eye-ball to the touch, due to intra-ocular pressure from accumulation of fluid contents. Indirect or lateral vision becomes diminished, usually commencing upon the nasal side. The vessels of the exterior of the eye are somewhat tinged, the cornea is more or less insensible, and the iris has a muddy appearance. If an inflammatory element, acute or subacute, is superadded to this condition, the symptoms are proportionately exaggerated, and the course of the disease more rapid.

Ophthalmoscopic examination showed a sharp and abrupt depression of the optic disc, with pulsation and interruption of vessels at the surface and edge of the nerve.

The principal causes recognized were divided into two classes. 1. Those referring to a diseased condition of the sclerotic, similar to arterial atheroma; and, 2. To irritation in some portion of the fifth pair of nerves. He remarked, in this latter connection, that experiment had proved that irritation of the trifacial had the peculiar property of inducing a hyper-secretion of the fluids of the eye-ball.

The prognosis of the disease was always bad,

leading to a disintegration of the external tunica, except when an operation was made with the view of diminishing the internal pressure.

The operation advised in all the curable stages was iridectomy, performed through the sclerotic, as near as possible to the point of the origin of the iris. The incision was recommended to be large enough to occupy from one-fifth to one-sixth of the circumference of the iris. There was sometimes—on account of the relative displacement of the parts by the internal pressure—considerable difficulty in introducing the ordinary lance knife, in which cases he recommended the employment of a straight, narrow knife.

In very acute cases of inflammatory glaucoma, advised paracentesis of the eye, in accordance with HANCOCK's method; and for cases in which absolute blindness existed, extirpation of the eye was considered the *sine qua non*.

The advantages of iridectomy were, in his opinion, due very greatly to the permanent relief to internal pressure by the substitution of an elastic cicatrix in the place where it is most needed.

Dr. J. C. HUTCHINSON, of Brooklyn, next read his prize essay on Acupressure, setting forth the great advantages of arrest of hæmorrhage by that means, describing the different methods, and exhibiting, by drawings, the direct effects of the needles upon the vessels.

SECOND DAY—AFTERNOON SESSION.

The President called the Society to order at the proper time, after which he added Dr. J. S. MOSHER to the committee appointed last year on so much of the President's address as related to the legislative action on abortion. The committee now consists of Drs. BANKS, ROCHESTER, LANSING and MOSHER.

Dr. MINER, of Buffalo, reported by invitation, a case of aneurism of the femoral and lower portion of the external iliac artery. The patient was admitted to the Buffalo General Hospital; was 33 years old; otherwise healthy. Tumor had been of three months' standing, was the size of the closed hand, the anterior surface being irregular in outline, and apparently so very thin as to be liable at any time to give way entirely. All other modes of treatment being considered inapplicable, the external iliac was ligatured in the usual way at its middle part, without delay or embarrassment, in presence of the class in the Buffalo Medical College, and nearly the entire medical profession of Buffalo. No unpleasant symptoms followed; the ligature separated from the vessel on the twenty-third day after opera-

tion, and at the present time the patient may be reported as cured, so far at least as this operation is concerned. About the time of the separation of the ligature, aneurism was noticed to be developing in the artery of the opposite side in exactly the same part of the vessel.

FAULTY DIAGNOSIS, ETC.

Dr. THOMAS ADDIS EMMET, of New York, reported the following case:

I beg leave to engage the attention of the Society for a few moments in the relation of a case, instructive from a false diagnosis, and of interest from its pathological character.

In November last, a female, aged twenty-nine, was admitted to the Woman's Hospital. She had given birth to her first child without complication, and remained in good health until some five years since, when she was delivered of twins, by a somewhat tedious but natural labor. Shortly afterward she consulted an eminent physician of New York, for the relief of a feeling of discomfort experienced whenever she assumed the upright position. Her difficulty was recognized as due to the existence of a fibrous tumor on the posterior wall of the uterus, and to its presence was attributed her previous tedious labor. Some two years afterward she gave birth to her last child by a natural labor, but one equally as tedious as the preceding one. Her recovery was slow, and she was confined to her bed for six weeks before she regained her strength. On resuming her household duties she became conscious that her local difficulties had increased, with, for the first time, a constant irritation of the bladder, aggravated whenever she stood on her feet for a short time. Three years ago she sought the advice of another physician, equally skilled, who confirmed the previous diagnosis. While her general health remained good, the irritation of the bladder gradually increased, until she came under my observation. I found a cystocele existing, which presented at the labia, and due to the crowding forward of an enlarged uterus toward the pubes, which was partially retroverted from a large nodulated fibrous tumor on its posterior wall. By placing the forefinger of one hand in the vagina, and with the aid of the other over the relaxed walls of the abdomen, I was able, with but little difficulty, to antevert the uterus without pain. As I elevated the cervix on the point of my finger while the fundus was thrown forward against the pubes, I pointed out to several of the gentlemen connected with the institution, with what facility the size and relation of the tumor

to the uterus could be mapped out through the abdominal wall.

December 1st, I operated for the relief of the cystocele, by turning in the excess of tissues and bringing together the denuded surfaces with interrupted silver sutures, as in the operation for procidentia uteri. By this means the vagina was restored to its original size, and a firm support given to the bladder. On the eleventh day the sutures were removed, and the line of union was found perfect, with the exception of half an inch near the neck of the bladder, where several sutures had torn out. In a few days she sat up without having had a bad symptom, but did not regain her strength rapidly. She was, however, entirely relieved of all irritation of the bladder, and considered herself cured.

On Friday, January 22d, last, I closed, with four sutures, in a few moments, and without ether, the small opening, as a portion of the tissue turned in protruded, and I feared that this might cause the whole line gradually to separate. Nothing unusual occurred in her condition until Sunday afternoon, when she had a slight movement from the bowels, which was exceedingly offensive. Shortly afterward, the expression of the patient's face indicated the fact that some trouble was brewing, but without the existence of any indicative symptoms elsewhere. The pulse was 95 per minute, with the skin and tongue in a normal condition, and the abdomen was found free from tenderness on pressure.

No change took place until five o'clock Monday afternoon, when suddenly she had two copious and fetid evacuations per rectum. The pulse rose rapidly to 170, the tongue was soon dry, the body covered with a clammy sweat, and she sank into a profound collapse. By means of stimulants, heat to the extremities, and with constant friction to the surface of the body, continued during the night, she partially rallied. During Tuesday her condition improved somewhat, but about seven P. M., she had another large evacuation of offensive pus from the bowels. She sank rapidly, and died shortly afterward.

The following morning a post-mortem examination was made. On opening the abdomen the peritoneum was found in a healthy condition. The supposed fibrous tumor proved to have been a large abscess, with several smaller ones in connection, between the peritoneum and uterus, several of which had opened into the rectum. These abscesses were encysted within a common sac, and free from adhesions above, except at one point, to a portion of the small intestine, in the separating of which for removal, the large

sac was entered. The other adhesions extended along the bottom of the cul de sac, from the uterus to the rectum. Some thickening of the left broad ligament had resulted from a previous attack, but the surrounding tissues were entirely free from any appearance of recent inflammation. The other organs were in a healthy condition; the brain was not examined.

In regard to the diagnosis, I fear that I would be liable to fall into error in a similar case, presenting no previous history more to the point, with the patient in good health, the uterus somewhat enlarged, and with menstruation more profuse than natural. The absence of fluctuation was due to the density of the outer cyst, while the mobility of the uterus, the mass in connection with it, and its nodulated surface, added greatly to the deception. My diagnosis was made after a careful examination, and without any knowledge whatever of the opinions which had previously been given in her case. In fact, I did not learn until after her death, that she had consulted these gentlemen; and did so from her friends, in the endeavor to trace her previous history in regard to the formation of the abscesses.

In recapitulation, the point of interest in her case lies in the fact that she had been a healthy woman, attending to her daily duties for at least three years previous to admission, suffering during that time from no inconvenience beyond that to be attributed to the existence of the cystocele, which was entirely relieved by the operation. She dated the beginning of her troubles to the birth of twins five years ago; and to the fibrous tumor, detected shortly afterward, it was thought her tedious labor was due. Her difficult labor two years afterward would be naturally explained by the presence of the mass behind the uterus, which was also pronounced at this time a fibrous tumor. Since that time, during three years previous to my first examination, the irritability of the bladder was constant, except while in the recumbent position. The inference is therefore a natural one, that a mass had existed behind the uterus for at least five years. The question as to its character at once presents itself—either these abscesses formed after labor, or they were a result of the breaking down of a fibrous tumor, producing no constitutional disturbance or recognized local inflammation. From my examination of the specimen, my impression is that they were primary abscesses, for I am not aware that such a change taking place in a fibrous tumor has been placed on record, except as the result of violence. It is a point, however, which I

must leave to be determined by the pathologists.

OFFICERS FOR THE ENSUING YEAR.

President—DR. JAMES P. WHITE, of Buffalo.

Vice-President—DR. GEORGE BURR, of Binghamton.

Secretary—DR. WM. H. BAILEY, of Albany.

Treasurer—DR. JOHN V. LANSING, of Albany.

At its adjournment the Society agreed to meet the first Tuesday in February, 1870.

EDITORIAL DEPARTMENT.

Periscope.

Alcoholism.

Dr. T. KENNARD, of St. Louis, has an article on this topic in the *Med. Archives*. He calls attention to the fact now admitted by many able writers and practitioners, that delirium tremens is not as some still believe, always or necessarily due to the sudden withdrawal of the accustomed amount of stimulus, for some of the very worst and most unmanageable cases come on during a protracted debauch. Also that in many of the most desperate cases an absolute and sudden withdrawal of all alcoholic stimulants is necessary to enable the stomach to retain anything, either in the way of food or medicine, and its withdrawal in such cases is a *sine qua non*, before any rational treatment can be instituted.

Rest, with the complete avoidance of alcoholic stimulus is the first rational indication in the most acute cases, because the abuse of drink must have been indulged in sufficiently long to have weakened the brain and deranged its proper function, and then an excess or overdose be taken before *mania à potu* could be produced.

We understand now much more thoroughly than in former days, the action of alcohol upon the human organism, because its effects have been thoroughly and accurately studied in the chronic as well as the acute forms of alcoholism. We no longer consider it a true stimulus to the nervous system under all circumstances, for when taken in sufficient quantities at one dose, or in frequently repeated doses, it acts as a narcotic poison and anæsthetic like chloroform and ether, and when taken in still greater excess it destroys the nervous power and produces paralysis. When taken in moderate quantity and not too often repeated, it acts as a restorative stimulant and increases nervous action.

Some authors state that the introduction of large proportions of alcohol into the blood prevents it from absorbing oxygen freely, and thus unfits it for exciting nervous action.

Whatever may be the exact nature of the deleterious agent in alcohol acting upon the human organism, we know that it affects different individuals in very different degrees, but always by deranging the functions of the nervous system.

Some persons are injured by it in even the smallest quantities, some are rapidly poisoned by its abuse, whilst others are very slow to experience its baneful effects. It creeps upon them slowly and unconsciously, and its temporary soothing or exhilarating effect deludes its victims with the belief that it is the deficiency and not the excess of amount taken which gives rise to all the miserable symptoms of chronic alcoholism. This delusion leads them to greater and greater excesses, until it induces violent paroxysms of mania, or convulsions, or tremors, or that most distressing and uninterrupted state of suffering, designated very correctly as chronic alcoholism, which is so difficult to overcome, and in many instances clings to its victim until its hold is released by death.

It commences with derangement of the stomach, and an unusual wakefulness and restlessness, a constant turning from side to side in bed; endeavoring to secure an easy position and sleep; giddiness or vertigo comes on unexpectedly, especially on rising suddenly from the pillow; very unconnected, foolish, and it may be disagreeable dreams, a sort of semi-consciousness of dreaming, combined with a total inability to prevent or overcome it; trembling and want of prompt co-ordination of muscular movements, causing slowness, unsteadiness and weakness in mental and muscular action when not stimulated to excess, combined with headache and sometimes oppressed breathing, and it continues to poison the blood and derange the functions of the nervous system, until it reduces the most intelligent man to the degraded and pitiable condition of a confirmed sot, when, struggling against his infirmities and misfortunes, he finds fastened upon him an incorrigible habit, an indomitable infirmity, and looks forward to death as his greatest boon and only relief from suffering.

The opinions formerly entertained and universally taught—that most cases of *mania à potu* were produced by the sudden withdrawal of the usual amount of stimulants from persons in the habit of using alcoholic drinks to an excess was corroborated by the fact, that very many persons had ceased to take their accustomed amount of

liquor for a day or two prior to the manifestation of the usual symptoms of acute alcoholism, and this abstinence from drink and outbreak of the disease, instead of being attributed to its proper cause—a complete disgust for and inability to take alcohol, from the gastric and general nervous irritation it had already produced—was thought to be owing entirely to the withdrawal of the habitual and consequently necessary amount of stimulus required to keep the machine in running order.

As to the most appropriate treatment for delirium tremens, all that we can say is that each case must be managed according to the symptoms it presents.

We must discriminate between the true cases of *mania à potâ*, where there is hyperæmia, congestion of the brain, and hyper-excitation of the nervous system, especially the cerebro-spinal centres, and the other class of cases, more correctly designated *tremors*, or *delirium tremens*, where an exactly opposite condition of the brain exists, where there is anæmia and *dementia*, instead of acute mania from the effects of alcoholism, and where we require food, stimulants and opiates, as beef tea, milk punch, brandy, chloroform, or capsicum with opium, instead of depletion, depressants, digitalis, tartar-emetic, and the external application of cold. In many cases where delirium is not well developed, but the trembling, nervousness, restlessness and timidity is marked, I have obtained great benefit from the use of elixir of valerianate of ammonia—a very pleasant and agreeable remedy, as prepared by HOWELL & ONDERDONK, of New York.

We must not stimulate—continue adding fuel to the flame, and poison to the blood—unless the prostration evidently demands it. Nor should we determine to force sleep by opiates, at all hazards, for many times we will only increase the delirium and wakefulness by our efforts, and may induce a state of coma unexpectedly, and cause the death of our patient. Neither will capsicum, chloroform, or digitalis cure every case, though each remedy has its proper place. I use any of these remedies when I think the symptoms demand it, but generally endeavor to tax the stomach with drugs as little as possible, and try first and all the time, what absolute quiet in a dark room will accomplish, with a good warm nutritious fluid diet—milk and beef tea, with bromide of potash, combined with digitalis or hyoseyamus, as the case may require.

On the Preparation of Oxygen for purposes of Inhalation.

Dr. ANDREW H. SMITH communicates to the *N. Y. Medical Record* the following process for obtaining oxygen:

"With the proper precautions a pure gas can be obtained, and with even a small apparatus, from 3000 to 4000 cubic inches per hour may be easily generated at the bedside. The apparatus which I use consists of a copper flask holding about a pint, a Bunsen's burner, a small wash-bottle, and a four gallon india-rubber bag provided with two tubes, one for connecting it with the wash-bottle, and the other for inhaling. This arrangement admits of the generation of the gas at the same time that it is inhaled. The whole apparatus can be packed in a box a foot square and six inches deep.

"The chlorate of potash should first be fused, in order to expel the water of crystallization. With care this can be done without any considerable loss of oxygen, and it facilitates greatly the subsequent liberation of the gas. For this purpose I use an iron vessel heated by a gas furnace.

"The potash should be exposed to the heat until the whole quantity is melted, when it should be poured into a large shallow iron or tin vessel to cool. While in this fused state it should be handled with extreme care, as it unites with fearful energy with any combustible with which it may come in contact. An accident by which the vessel containing a considerable quantity should be overturned upon the floor would almost inevitably result in a conflagration, while a drop of it falling upon the hand would cause actual ignition of the tissues.

"By mixing with the fused and pulverized chlorate of potash about one-fourth of its weight of peroxide of manganese, the oxygen will be given off much more evenly, and at a much lower temperature than when the chlorate is used alone. The office of the manganese is merely to diffuse the heat through the chlorate of potash, so that the whole mass may be acted upon at once. It undergoes no chemical change, unless to lose a portion of its oxygen, if the temperature be sufficiently high. Any other good conductor of heat which will not further oxidize and will not be sublimed, will answer as well. These conditions are united in the black oxide of copper, but its expensiveness is a serious obstacle to its use. It has this advantage, however, that when it is employed the wash-bottle, to be mentioned in the next paragraph, may be dis-

pensed with, any free chlorine being taken up by a few bits of caustic potash dropped into the copper flask, or, still better, fused originally with the chlorate of potash. This cannot be done when manganese is used, as a manganate of potash results, which defeats the object.

"When the evolution of the oxygen is very rapid, a small amount of chlorine is given off and mixes with it. This is removed by passing the gas through a strong solution of caustic potash contained in a wash-bottle. The lower end of the delivery-tube is pierced with numerous small holes, through which the gas escapes into the solution in fine bubbles, thus insuring intimate contact with the fluid and the complete removal of all that is absorbable. If crystallized chlorate is used, there is apt to be a certain amount of carbonic acid given off, owing to an admixture of carbonate of potash with the chlorate. This will also be taken up by the caustic solution in the wash-bottle. If fused chlorate is used, the carbonic acid will have been already expelled.

"By this process rather more than one cubic inch of oxygen is obtained for each grain of crystallized chlorate of potash employed. After a little experience in its use, the practitioner will find no difficulty in supplying at the bedside all the gas which his patient may require."

The Alleged Increase of Lunacy.

Dr. C. LOCKHART ROBERTSON, says the *Brit. Med. Journal*, in a paper read lately before the Medico-Psychological Association, states that in 1844 there were 20,611 lunatics in England and Wales, or 1 in 802 of the population. In 1868, this number had risen to 50,118, or 1 in 432 of the population. The statistics of lunacy in France showed a similar increase in the total number of the insane, having risen from 1 in 796 of the population to 1 in 444 between 1851 and 1861. Dr. ROBERTSON argued that this apparent increase was simply the result of more accurate registration of the insane, and the consequence of the opening of the county asylums; and that all recent lunacy legislation tended directly to increase their recorded numbers. In examining the question at issue statistically, Dr. ROBERTSON confined his observations chiefly to the numbers of the insane in asylums, and showed that the annual increase observed had been in a decreasing ratio, passing in quinquennial periods, since 1844, from an annual rate of increase of 5.6 per cent. to one of 3.8 per cent. in 1867. He showed that the same result followed in France; and he argued that this

increase only represented the difference between the yearly admissions and the discharges and deaths. Among the private lunatics, there is a decrease during the decennium 1857-'67, despite the increasing population of the country. The proportion of pauper lunatics to the population also remained nearly stationary, being .016 in 1857, and .019 in 1867. Tested by the admissions into the asylums during the same period (1857-'67), the rate of increase is also in a yearly decreasing ratio, falling from 11.7 per cent. to an annual average of 3 per cent. From these facts, which were enforced by many elaborate statistical tables, Dr. ROBERTSON deduced that the alleged increase of lunacy is a fallacy, and not borne out by the experience of the last decennium, 1857-'67. The same may be the case in this country, where, it is said, insanity is on the increase.

Syphilis Treated without Mercury.

A physician writes to the *Brit. Med. Journal*:

On visiting the hospitals in London and Edinburgh this autumn, I had opportunity to hear the opinions of the English and Scottish doctors regarding the treatment of syphilis; and, with very few exceptions, they are still using mercury as an universal treatment of syphilis. For this cause I feel desirous to inform you that the use of mercury, as an universal remedy against syphilis, is rejected, and, for the most part, abandoned by the whole Norwegian faculty, as an obnoxious remedy in the treatment of syphilis. This conviction we have gained by the most exact and scientific examinations, having an experience of almost twenty years, during which time the treatment of syphilis without mercury has been successfully performed. We do not need, I fancy, a more sufficient argument than the fact, that after the employment of this drug in syphilis has been abandoned, such severe forms of the disease as carious affections of the bone, phagedenic ulcers, paralysis, mental affections, etc., very rarely have manifested themselves; and even when they have, it has been recognized that these had generally been the consequence of mercury used in a past epoch.

A very intelligent and skilful Norwegian syphilographer, Dr. OWSEN, has collected statistics of about one hundred cases from the last three or four years; these he has treated without any universal remedy, solely by treatment of the symptoms, and he has not yet been obliged to prescribe mercury for any local syphilitic affection, nor for iritis, nor for laryngitis, etc. These recovered altogether only by treatment of the

symptoms, without any particle of mercury. In July last he read a paper to the Norwegian Medical Society, pointing out his statistics, and the success of his treatment, which is as good, and for many reasons far better than that of the treatment with mercury.

My opinion is, that syphilis is a disease having a cyclic course, like variola and vaccinia, and it requires merely time, never mercury, to pass through the different degrees, and in most cases end in recovery. I quite agree with Dr. CHARLES DRYSDALE, in saying, "that the chief point in the treatment of that sad plague of our race, syphilis, is first to get rid of mercury."

I should wish to have been able to refer to some cases explaining this view, and showing the success of the treatment of Dr. OWRE; but at present I have not the necessary material with me. I hope meanwhile that I shall have opportunity afterward to hand you a more instructive and complete report.

CHRISTIAN KJÖNIG, M. D.,
From Fredrikstad, Norway.

Economy in Drugs.

The following circular has been issued from the British Army Medical Department, and has caused great dissatisfaction among the British medical officers, we think justly.

"Sir.—1. It having been represented by several principal medical officers and others, that there is undue expenditures of medicines, surgical materials, and dispensary sundries used in army hospitals, medical officers in charge will be good enough to personally supervise the issues under these heads.—2. At the periodical inspections principal medical officers will minutely examine the prescription books to see that all articles used in the hospital, or issued to patients out of hospital, have been duly and properly entered, that the persons so prescribed for are entitled by the regulations to medical aid at the public expense, and that the totals of the ingredients in the prescriptions correspond with the quantities expended from the surgery stores. For this purpose detailed abstracts of the prescriptions written in the intervals of the inspections should be prepared by the hospital sergeant, and verified by the medical officers in charge.—3. Principal medical officers are required to see that, where less expensive preparations are so efficacious, and as suitable as more expensive articles, the cheaper remedy is employed.—4. In forwarding returns of medicines, etc., the medical officer in charge will personally examine the same, verifying the quantities in the columns 'expended' and

'remaining,' with the expenditure according to the prescription books, and for the quantities actually remaining on hand; and the principal medical officer will, at the next inspection, satisfy himself that this has been done.—5. Before approving a requisition for a further supply, the principal medical officer will take steps to ascertain that there is no undue accumulation of any article in store, and that each item indented for will probably be required in the quantity demanded."

Urinary Calculus, the Nucleus being a Needle Four Inches long.

Dr. BRENNAN related the following case at a meeting of the St. Louis Medical Society, (*Med. Archives*), which he met with in the Sister's Hospital several years ago:

Mrs. H. was admitted June 1, 1866, complaining of incontinence of urine and severe pain during urination, for the relief of which diuretics and demulcents were prescribed.

On the third day, there being no improvement, and being unable to account for the symptoms, an examination was made in the presence of several medical gentlemen in the city, and in attempting to introduce a catheter, a calculus was discovered in the urethra, just anterior to the bladder, and extracted with the ordinary dressing forceps.

On examination, it was found to be a needle four inches long, and as thick as an ordinary knitting needle. It was entirely coated with a calculus formation, and on the end which had been in the urethra there was a calculus about the size of a hazle nut.

The woman stated that it must have been in that situation for seven years, as she had more or less pain and inability to retain her urine during that time, but that she had not suffered so much until the last year.

She professed to have no knowledge of the time or manner in which it came there.

Reviews and Book Notices.

NOTES ON BOOKS.

"Hurried to Death." This is the expressive title of a medical tract by Surgeon ALFRED HAVILAND, of London, in which he gives "A Few Words of Advice on the Danger of Hurry and Excitement, especially addressed to Railway Travellers." The author points out the particular circumstances, chiefly diseases of the heart, or a

full stomach, which render the sudden exertion of hurrying to be in time for the train fatal in some cases, and seriously damaging to the weakened organs in others. Cases are adduced in confirmation of the positions laid down.

The third volume of OWEN's *Anatomy*, lately published by J. B. LIPPINCOTT & Co., completes the work. The first volume treats of fishes and reptiles; the second, of Birds and Mammals; and the third, of Mammals, including Man. The three volumes contain nearly fifteen hundred illustrations, with copious indexes; and the entire work forms perhaps the most thorough and elaborate work on "The Vertebrates" which has ever been issued.

Among the new books supplied by SCRIBNER, WELFORD & Co., New York, is the splendid work of Mrs. SOMERVILLE, "On Molecular and Microscopic Science." It contains one hundred and eighty-five illustrations from microscopic objects. Mrs. SOMERVILLE ranks foremost among the scientific women of the age, and her almost marvellous power of rendering abstruse studies fascinating to the common mind is so well recognized that the reader may well anticipate the pleasure awaiting the perusal of her treatise on the wonders revealed by the microscope.

One hundred and sixty-three books on medicine and surgery issued from the British press last year.

Treatise on Diseases of the Ear, including the Anatomy of the Organ. By ANTON VON TROELTSCH, M. D., Prof. in the University of Wurzburg, Bavaria. Translated and Edited by D. B. ST. JOHN ROOSA, M.A., M.D., Clinical Prof. of Diseases of the Eye and Ear in the University of New York, Surgeon to the Brooklyn Eye and Ear Hospital, etc., etc. Second American, from the Fourth German Edition. Pp. 566. New York: Wm. Wood & Co. 1869. Price, \$0.00.

This new edition of a well-known and favorite work comes to us very opportunely. It has long been called for, and its appearance will be welcomed by our readers. It is essentially a new book, and numerous additions and illustrations of great value have been made by the American editor, who is well known as one of our most accomplished aural and ophthalmic surgeons. Indeed, Dr. ROOSA scarce does himself justice in appearing as the usher of an author who is not one whit his superior in ability or attainments. We hope, ere long, to announce his name as author of works on Diseases of the Eye and

Ear. In the meantime, let our readers avail themselves of what he offers—and there is a good deal of it—in this work on Diseases of the Ear. The publishers have done their part of the work well. The paper is good, and the type clear and readable.

Pennsylvania Hospital Reports. Vol. II. 1869. Philadelphia: LINDSAY & BLACKISTON. 1 vol., cloth, 8vo., pp. 320. Price, \$5.00.

The second volume of these valuable Reports is fully equal to the first, both in the variety and character of the articles it contains. Among those on medical topics, we may mention as of peculiar interest that by Dr. J. M. DA COSTA, on the treatment of acute rheumatism, by bromide of ammonium, (which promises to be a valuable remedy in such cases, especially in the control it exerts on the cardiac complications); that by Dr. J. H. HUTCHINSON, on the hypodermic injection of sulphate of morphia in the treatment of sunstroke, a plan that certainly succeeded very well in the hospital last summer; and a history of two cases of cerebritis, one traumatic, the other from some cause unknown, successfully treated by depletion, by Dr. J. F. MERZ. The interesting physiological investigations of Dr. J. G. RICHARDSON, on the identity of the white corpuscles of the blood with the salivary, pus, and mucous corpuscles, have already been referred to in this journal.

In the domain of surgery the volume is unusually rich. Dr. A. HEWSON is the author of two contributions; one giving a number of curious facts in relation to the influence of the weather over the results of surgical operations, and the value of the barometer as a guide in choosing the time for them, and forecasting their results; the other on a new method of making topical applications in the urethra, bladder, and uterus, the method being somewhat similar in plan to Thudichum's nasal douche.

There is also a practical paper from Dr. J. H. PACKARD, on the treatment of fractures; one on a new application of paper as a surgical dressing, by Dr. D. H. AGNEW; one on a fatal case of chorea consequent on fracture of the humerus, by Dr. W. E. HUNT; a statistical account of cases of urinary calculi operated on in the Pennsylvania Hospital from 1756 to 1868, by Dr. T. G. MORTON; a review of the treatment of oblique fracture of the clavicle, by Dr. E. HARTSHORNE; and a number of other articles.

The paper, illustrations, print, and binding, are all well done, and the Reports, in all respects, merit a wide circulation.

Medical and Surgical Reporter.

PHILADELPHIA, MARCH 6, 1869.

E. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

VITAL STATISTICS.

The notorious defects in the method of registering vital statistics in this city has lately been severely and justly commented on by the *Public Ledger*. It remarks that the annual report of the Registration Department of the Board of Health, purporting to give the number of births, marriages and deaths in the city of Philadelphia, has just been made, and a portion of the figures have been published. The births are reported to be 17,259, the marriages 6371, and the deaths 14,693.

These figures it thinks are nearly or quite fifty per cent. below the probable figure. This defect in the report is laid by the Health Officer at the door of the doctors, who do not obey, as he says, the requirements of the law. They are undoubtedly much in fault, but their shortcomings must be shared partly by the officer whose duty it is to see that the law is properly executed.

This is a huge error, if error it is. In order to show its existence these statistics are compared with others. For instance the English vitality statistics show that there are five births for every three deaths. But in our city, according to the registration, we have for every three deaths but about three and six-tenths births. Assuming that the return of deaths in Philadelphia, in 1868, is approximately correct, as given in the report (and it must be nearly accurate because interment cannot be procured unless the death is regularly reported), and taking the English ratio for calculation, there must have been at least 23,979 births in the city of Philadelphia during the year 1868. This would leave the registration 6720 short of the full number.

We are glad to see the public papers taking up this point and impressing on all concerned

the importance of observing the duties imposed by the Registration laws. These records can be made of the greatest value, and particularly in the controversies which constantly arise as to the inheritance of property. In such cases the public register might, and ought to be, enabled to furnish every particular of birth, marriage and death, when every other possibility of such proof is inaccessible. They should, besides, be made to teach the public invaluable lessons on the subject of healthy and unhealthy quarters of the city, and concessive mortality that results from over-crowding, filth and squalor in the parts of the city where these characteristics abound.

While upon this subject we may mention that the State Medical Society of Kentucky has petitioned the Legislature of that State to re-enact the law providing for the registration of births, marriages and deaths. It urges that there is one peculiar and forcible reason why registration records should be kept in Kentucky, which does not exist in most countries. There are in the State two races, two distinct populations, wholly separated from each other physically, morally and intellectually. The relations which have hitherto existed between them are now dissolved, and new relations are established in their stead, where two races which cannot intermarry are thrown together under one government, it is the tendency of the inferior race to decline in vigor and numbers, and ultimately to become extinct. But while this rule may apply here, as in former cases, it is a point of great value and interest to study its practical operation; in former registration reports there were only two sets of tables, one for whites, and the other for blacks. It is the opinion of the Committee that in future reports an effort should be made to draw up a third set of tables for the benefit of mulattoes. Perfect accuracy could not be attained here, for under this head, every shade of color and degree of intermixture from the mulatto to the octaroon, would be reported, but the general statistical history of the mixed race would be known.

To sum up the whole question in a few words, the Committee in behalf of the Kentucky State Medical Society urges upon the Legislature the re-enactment of the registration law:

1st. Because the maintenance of an accurate general record of births is essential, in many cases, to prove legitimacy and to insure the just inheritance of property.

2d. Because questions arising out of matrimonial law-suits, such as disputes about the right of dower and the punishment of certain crimes,

can often only be properly settled by reference to State records; and

3d. Because State economy and sanitary medicine absolutely require annual mortuary tables—the former for its present good, and the latter for its scientific progress.

It is to be hoped that the Legislature will pass the required law.

FEE FOR LIFE INSURANCE EXAMINATIONS.

We are glad that this subject is being taken up in earnest by a prominent western medical society. From a short pamphlet sent us, we learn that at a meeting of the Wayne County Medical Society, held in Detroit, on Wednesday, January 6, 1869, a report of a committee appointed to fix a rate of compensation for examining applicants for life insurance was adopted, a portion of which reads as follows:

Life insurance companies are now paying for examinations which inform them of the standard of health of the person they propose to insure, the sum of from two to three dollars. No difference is made, whether the risk be for one hundred dollars or twenty thousand. The agent may make his three to five hundred dollars on the amount insured. The officers have high salaries, and the stockholders large and frequent dividends, but the miserable pittance paid the physician is considered a large fee. The profession have themselves to blame only for this state of affairs, and to remedy this is the object of this report. A united effort is only necessary.

In certifying to the health of the applicant for life insurance by his usual medical attendant without fee, except as obtained from the applicant, a great hardship has been thrown on the profession, without the least consideration of the relation of medical adviser and patient. We are, with surprising coolness, asked to betray that which has been confidentially placed in our charge, and so deprive our patrons of the advantages of life assurance, or to falsify our statements to the interrogatories put, in order that he may be insured, and even then are told the company does not pay, but the applicant should. He does it with pleasure if insured, but is indignant at the charges if rejected by his physician's statement, and of course refuses the bill.

How, then, are the profession to remedy and protect themselves against this imposition?

1st. By refusing to give any such certificate unless with the verbal or written assent of the person to be insured.

2d. By refusing such certificate until the pay-

ment of a fee of not less than *three dollars*, if it can be given in the office of the attending physician, and if a visit to the residence of the applicant be necessary, then a further fee of *two dollars* be added, and the whole to be paid by the assurance company.

In making these demands the medical profession require nothing but what is just, and what every life insurance company can easily and readily pay. They ask nothing more than a united effort will necessarily receive and speedily accomplish. They therefore recommend the adoption of the following resolutions:

Resolved, That the fee for examination for life insurance companies shall be the sum of *four dollars* for each and every primary examination.

Resolved, That we will not give a certificate as "family physician," without the verbal or written assent of the person to be insured, and even then reserving the right to withhold the same, if for the interest of the family of the applicant.

Resolved, That the fee for such certificates shall not be less than *three dollars*, if the blanks can be filled in the physician's office; and if further labor be entailed, a further fee of *two dollars* be added, the whole to be paid by the insurance company.

The matter is to be brought before the next meeting of the Michigan State Medical Society, in order to insure united action in the profession, and we hope the initiative thus taken will be widely followed. The underpaid and overworked profession of medicine must look to its own interests in this matter, for assuredly, if it does not, it will lose some of the little reputation it still has.

MODERN HOMŒOPATHY.

It is only rarely that we have room for reports from our homœopathic brethren. But we do give place with pleasure to the following extract from the proceedings of the Cleveland Homœopathic Medical Society recently held in that city.

"Dr. S. R. Beckwith asked if the members had any experience to report on the use of bromide of potassium in epilepsy; said it was a pretty sure remedy, given in sensible doses. He related several cases favorably affected by its use.

"Dr. P. Wilson reported that late clinical reports had shown that in bad cases of epilepsy it was safe to give as high as sixty grains of bromide of potassium three times daily, that such doses caused temporary insanity which might be continued many weeks, and yet disappear at ceasing to use the medicine."

The report was accepted.

This is modern homœopathy. The reports of the London Homœopathic hospitals show a par-

tiality for similar "massive" doses, and on the continent, the follies of HAHNEMANN are discounted similarly in practice.

We rejoice that homœopathsists see the propriety of this; we are only sorry that they do not more openly acknowledge the truth about it. As to the "Law of the Similars," who pretends that bromide of potassium will produce epilepsy?

THE MAINE LAW FOR PROMOTING MEDICAL SCIENCE.

The example set by this State has been followed by Maine.

The Maine Senate have passed a bill allowing physicians to legitimately obtain subjects for dissection, by a vote of 11 to 10. The bill reads as follows:

SECTION 1. The overseers of the poor of any city or town containing not less than five thousand inhabitants by the census of the United States then next preceding; the Warden of the State Prison; and the keepers of the several jails in this State, may give permission to any physician or surgeon (preference being given to instructors and medical schools established by law) upon his request, to take the bodies of any such persons dying in their city or town or in the State Prison, or in a jail, as are required to be buried at the public expense, to be by him used within the State for the advancement of anatomical science.

SECTION 2. Every person before receiving any such body shall give bonds to the officer surrendering it, with sufficient sureties, that such bodies shall be used only in the State, and for the promotion of anatomical science, and in such manner as in no event to outrage the public; and that after the use allowed by law, the remains thereof shall be decently buried.

SECTION 3. No such body shall be surrendered if the deceased during his last sickness, of his own accord, requested to be buried, or if within twenty-four hours after his death any person claiming to be, and satisfying the officer or officers aforesaid, that he is a friend of, or kindred to the deceased, asks to have the body buried, or if the deceased was a traveller or stranger who suddenly died. In other cases described in section one, it shall be the duty of the officer or officers aforesaid to surrender such body on request, as in that section provided, upon receipt of the bond provided for in section two.

SECTION 4. Any person knowingly surrendering or knowingly receiving any such body for anatomical purposes, contrary to the provisions of this act, shall be punished as provided in section

twenty-six of chapter one hundred and twenty-four of the revised statutes.

Dr. TAWKSBURY of Portland, gave a long and powerful argument in its favor before the judiciary committee on the 16th ult. Dr. FOSTER of the same city and Dr. DANA, President of the Maine State Medical Association also spoke in its favor. We regret that we have not space to quote from the remarks of these gentlemen.

[After the announcement by telegraph that this law had finally passed, comes another telegram to the effect that after all it was "indefinitely postponed" by the Senate!]

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPHETH, M. D.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

A soporific or sedative effect is often desired in clinical practice, in those cases in which a preparation of opium cannot be given, because of an idiosyncrasy or some other contra-indication. Below will be found a few formulæ for

Hypnotics and Sedatives other than Opiates.

BROWN-SÉQUARD.

R. Potassii bromidi, ʒij.
Aque cinnamomi, fʒj. M.

Sig. Dessertspoonful a quarter of an hour before the last meal, and the same dose, or three teaspoonfuls, repeated at bed-time, for adults. Excepting when pain is one of the causes preventing sleep, (in which case the alkaloids of opium, aconite, or hyoscyamus should be employed,) Dr.

* Entered according to Act of Congress, in the year 1869, by GEO. H. NAPHETH, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

BROWN-SÉQUARD has found that this remedy has a most wonderful power to produce a quiet and refreshing sleep, without any drawbacks. In some cases it is necessary to increase the dose of the bromide, and to give also a small dose of narceine or codeine an hour before bed-time. In those affections in which the bromide of potassium is not powerful enough as a sleep-inducing agent, a warm bath of four, five, or six hours' duration is often successful.

Dr. DA COSTA has found in reference to the soporific and anodyne properties of narceine, that it appeared, in doses in which morphia is prescribed, totally destitute of either; and in larger doses uncertain, and often palpably inert. It does not allay irritation, (vide Pennsylvania Hospital Reports for 1868.)

Dr. J. M. DA COSTA.

R. Pulvis digitalis, gr. ʒ.
Extracti hyoscyami,
Camphoræ, aa gr. j.

For one pill.

To be taken at night.

Dr. EDWARD JOHN TILT.

R. Extracti hyoscyami, gr. ij.
" cannabis indicæ, gr. ʒ.

For one pill.

One or two to be taken at night, or oftener. But Dr. TILT gives Indian hemp in one-grain doses, as soon as he finds it agrees, and sometimes in larger doses. If he desires a tonic as well as sedative effect, he orders

R. Extracti hyoscyami,
Quinæ sulphatis, aa gr. j.

For one pill.

To be taken every night. This is a preparation that he has often found to be well borne by women who could not bear large doses of any tonic; some have continued to take it for months, not leaving it off during the menstrual period; and it will not interfere with the action of any purgative that may be required.

Dr. T. H. TANNER.

R. Extracti stramonii, gr. ʒ.
" hyoscyami, gr. iiss.
" lupuli, gr. iijss.

For one pill.

To be taken every four hours until relief is obtained, in chronic disorders attended with suffering, in diseases of the nervous system accompanied with pain and restlessness, and in the dyspnoea of phthisis and emphysema.

Dr. C. HANDFIELD JONES says that henbane approves itself frequently as a really valuable remedy among soporific drugs. He agrees with Dr. GRAVES as to the advantage of using it in the form of enema in many instances, and, as DUPUY-

TREN held, the dose need not exceed that which is given by the mouth. Large doses of henbane, as gr. xx. of the extract, may in many cases advantageously replace opium. He gave, for several nights, gr. xxv. to a man on the verge of delirium tremens, and sleepless previously, even with morph. mur., gr. ʒ.

Dr. CHAS. WEST states that the value of tincture of hyoscyamus as a sedative in the diseases of children can scarcely be too highly estimated. He orders

R. Tr. hyoscyami, ℥xviij.
Syrupi, f. ʒiij.
Aquæ, f. ʒix. M.

Dessertspoonful every six hours for a child a child a year old. To this mixture there may be added, if there is much peevishness,

Potassæ bicarbonatis,
Acidi citrici, aa gr. xx.

Also, if the stomach be not irritable,
Vini ipecacuanhæ, ℥xij.

Suppository—Dr. J. M. DA COSTA.

R. Assafœtidæ, gr. x.
Extracti hyoscyami, gr. iij—v. M.
Fiat suppository.

To be introduced at night, to quiet restlessness and induce sleep where it is not desirable to give opiates.

Hypodermic Injection—Dr. RUPPNER.

R. Tr. hyoscyami, gtt. x—xx.
For a single injection.

R. Tr. cannabis indicæ, gtt. x—xx.
For one injection.

Dr. FORBES WINSLOW gives a hint which is worth remembering with regard to the employment of sedatives generally. This is, that cases which are intractable to separate remedies, will yield to a judicious combination of several. This is probably the secret of the success of the nostrum, chlorodyne.

A placebo, as a bread pill, is often a powerful sedative, if the patient can be inspired with faith in its efficacy. Dr. LAYCOCK mentions a case in which sleep, after taking such a pill, was as long as to excite alarm.

[To be continued.]

Manual for Life Insurance Examinations.

The very convenient manual for examinations for life insurance by Dr. GLONINGER, which we mentioned in No. 622 of REPORTER has been found very useful by those who have used it. Copies will be mailed from this office to any address at the reduced price of fifty cents. We recommend every physician to secure one.

The Daily Pocket Record.

This valuable and popular visiting list has met with even more favor than usual this year. A large edition is already exhausted, and another is being rapidly prepared.

In a short time we shall be ready to fill orders to any reasonable extent again.

The Preparations of Caswell, Hazard & Co.

These pharmaceutical preparations advertised in this journal are carefully compounded from pure articles. They are agreeable to the palate, and of uniform strength. Having used them ourselves we can recommend them as satisfactory preparations.

Dr. Read's Nephogene.

It will be observed that the price of the Nephogene of Dr. Wm. Read of Boston—one of the best forms of steam atomizers—has been reduced to \$5.

Correspondence.**DOMESTIC.****Gout of the Stomach and Brain.**

EDITORS MED. AND SURG. REPORTER:

The following case will probably illustrate to some extent the dilemma into which young practitioners of medicine are sometimes thrown by a hasty call to a violent and mysterious case without being allowed a moment of time to "read up," as I have been told they do, and thus prepare for the emergency.

A few months ago, while absent on a visit to relatives about thirty miles distant, I was sent for to visit a young lady who had been attacked in a very violent manner. On my return I was notified of this fact and hastened to her. I found her lying in bed upon her side, with her head dropped in front until the chin rested upon the chest; pupils dilated, pulse very rapid, stomach quite irritable, heart exceedingly violent in its action and in a state of unconsciousness.

The facts elicited from her mother were as follows: On Saturday night (this was late in the afternoon of the following Tuesday) she had complained of great uneasiness in her head and stomach, which had rapidly grown worse until about daybreak the next morning, when she uttered a loud shriek, and had immediately become delirious, which condition continued, and she gradually sank into the lethargic condition in which I found her.

A short time previously I had treated, and after persistent efforts had succeeded in relieving her of a long-standing and very obstinate case of chronic gout, which was attended with extreme emaciation, and rigid contraction of the flexor femoral muscles, and of the flexor muscles of the arm.

These are the facts which rapidly ran through my mind as I sat by the bed closely scrutinizing the phenomena which were there presented, and asking myself the question, "What is it? How shall I arrive at a clear and intelligent diagnosis?" After collating and weighing the previous history, the information gathered from the attendants and the symptoms there manifested, my diagnosis was "gout of the stomach and brain," and I ordered her twenty grains bicarb. potass. every two hours, with twenty-five grs. ter die of tr. digitalis, the latter to quiet the excessive action of the heart which seemed also to be threatened by the disease. The following night convulsions ensued and continued with short intervals until midnight.

I saw her again the next morning. When I entered the room she looked at me and inclined her head in salutation, but was unable to articulate. Her pulse beat 150 to the minute. Pupils still dilated, but not as much as on the previous evening. Her stomach was composed. The potash was acting very freely upon the kidneys. Continued the potass. bicarb. and digitalis, and ordered nourishment every two hours, consisting of milk punch, cream and beef essence alternated. She improved rapidly after the third day, and in a week was up again.

Now, Messrs. Editors, please tell me whether or not my diagnosis was right. The result of the case might lead me to think that I had accomplished something wonderful if I did not believe that there is a power within every human economy which often successfully resists the most violent attacks of disease. M.

A Pin Imbedded in the Heart of a Fowl.

EDITORS MED. AND SURG. REPORTER:

I have in my possession the heart of a fowl, which was handed to me by the Rev. S. R. PIERCE, a gentleman well known throughout this part of the country—in which a pin was found imbedded. The fowl, with others, had been running about the yard, and up to the time when killed, had not been noticed to present any appearance of disease. On removing the entrails, the attention of Mrs. PIERCE was directed to the pin sticking in the heart. It was shown to Mr. PIERCE, who brought the heart to my office. I

found on examination, that the pin, an inch in length, had entered the left side of the heart, about the eighth of an inch from the apex, and passing directly upward, had penetrated the walls of the left ventricle, to the depth of three-tenths of an inch. On opening the heart the point was seen protruding within the ventricle about the twelfth of an inch. The pin is of a dark color, firmly imbedded, and has not been removed. The heart presented the effects of inflammation; it was surrounded with false membranes, which had formed a mass of adhesions; its color was but little changed, however; perhaps slightly darker than it would have presented in perfect health; there was no appearance of pus or suppuration; neither did the heart present any appearance of hypertrophy or atrophy.

As the intestines were thrown away, it is not known how this foreign body came to penetrate the heart, but we suppose that as fowls swallow pebble stones and other hard substances, that this pin must have been swallowed, and passed from the crop to the stomach or gizzard, the strong muscular contractions of which forced it through the upper and thin portion of this organ, near the oesophagus, and into the heart, which lying between the two lobes of the liver, is almost in contact with this portion of the gizzard. Whether the head of the pin had passed through the gizzard before the fowl was killed, or was drawn through an ulcerated opening when removing the entrails, is not known, as it did not occur to Mr. PIERCE at the time to examine the gizzard; but the fact that the pin penetrated and became fixed in the heart, and had been there a considerable time before the animal was killed, was plainly seen from its blackened appearance, the false membranes and their adhesions, and the evidences of inflammation around the heart. It is remarkable, however, that this foreign body should have penetrated and become fixed in the heart, and the fowl presented so little the appearance of disease—as Mr. PIERCE informs me—that it was not observed to act differently from others in the same yard.

I send you the above, which from the remarkable facts presented, may be considered worthy of publication in a medical journal.

GEORGE SUTTON, M. D.

Aurora, Dearborn Co., Ind., Feb. 1869.

—Dr. SCHOEPPF has been committed for trial at Carlisle, Pa., on the charge of having poisoned Mrs. STEINECKE.

News and Miscellany.

Hydrophobia.

Two deaths have recently occurred in New York city, which were attributed to hydrophobia, though there was no evidence that the dogs connected with the cases were mad, and some of the symptoms were such as are not usually seen in that disease. In order to prove that the victims died of hydrophobia, it was necessary to promulgate the absurd theory, that the bite of a dog that is angry, will give the hydrophobia as well as the bite of one that has the true rabies. The description of the symptoms looks very much as if the patient, in one case at least, was frightened to death, and the physician allowed him to die in that way, by mistaking the true nature of the case.

—Bleeding, which was formerly a favorite remedy in France, being prescribed even in cases of consumption, has now fallen decidedly into disuse. As an indication of the present practice, it is stated that in Paris, at the central bureau of the medical establishments forming the department of what is called "L'Assistance Publique," 6151 prescriptions and 1513 verbal consultations were given in the year 1867. Out of these 7664 cases there were only two in which bleeding had been prescribed. In the year 1852 the number of cases in which bleeding was prescribed amounted to 1256.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

MARRIED.

ARANGUREN—RIVENBURGH.—Feb. 24, at the residence of the bride's parents, by the Rev. J. E. Rockwell, D. D., Frederick M. Aranguren and Adelaide Viola, only daughter of Dr. C. V. Rivenburgh, of Glifto, Staten Island.

AYERS—MAYERS.—In Fort Smith, Ark., Capt. Robert Ayres, 19th Infantry, U. S. A., and Miss Kate Mayers, daughter of Dr. M. Mayers.

CHAMBERLIN—HARRISON.—On the evening of Dec. 23d, 1868, at Brockport, Monroe co., N. Y., in the First Presbyterian Church, by Revs. Brown and Simpkins, Harrie T. Chamberlin, M. D., and Minnie J., eldest daughter of Josiah Harrison, Esq.

MOLLVENE—KENNEDY.—Nov. 10th, 1868, at Freeport, Pa., by Rev. W. P. Kean, Dr. John A. Mollvane, of Charlton, Iowa, and Miss Kate Kennedy, of Freeport, Armstrong co., Pa.

DIED.

BRADLEY.—William A. Bradley, Assistant Surgeon and Brevet Major, U. S. A., died suddenly, of apoplexy, at Point San Jose, on Feb. 27th.

MAGILL.—In Brooklyn, Feb. 27th, Arthur H. Magill, M. D., in the 70th year of his age.

MALONE.—At Indian Bay, Ark., on the 4th of October last, Dr. Henry B. Malone, formerly of Cincinnati.

SANBORN.—Dr. T. M. Sanborn, a much esteemed and successful practitioner of Lake Village, Yt., died recently. He graduated at the medical school at Hanover, N. H., in 1841.

SMITH.—Recently, at his residence in Cincinnati, of congestion of the brain, Dr. James R. Smith, aged 48 years.

WARE.—Feb. 22d, John F. Ware, son of Dr. Jonathan and Mary A. Ware, of Milton, Mass.

OBITUARY.

Dr. Daniel Holmes.

We are called upon to record the death, in Elmira, N. Y., on 15th ult., of an estimable member of our profession, DANIEL HOLMES, M. D. He was born at Oxford, Chenango county, N. Y., on the 23d of April, 1818, and was always feeble and delicate, in consequence of an inherited tendency to pulmonary disease. In 1840 he commenced the study of medicine, maintaining himself, as so many of our worthy young men do, by teaching school.

He attended his first course of lectures at the Geneva Medical College in 1843, and his second at the University of Pennsylvania, where he received the degree of M. D. in 1848. He labored assiduously in the practice of his profession for many years, in the rugged portions of Bradford county in this State. He also spent some time in the Government Hospital service during the rebellion, being stationed at Harrisburg. Some months were also spent in this city, when, in September, 1866, he removed to Elmira, N. Y., where he immediately connected himself with the Chemung County Medical Society and the Elmira Academy of Medicine, to which he remained unfalteringly attached, being present at their meetings as long as his strength would enable him to make the attempt. Indeed, it was apparent on several occasions, that his physical necessities fell short of keeping pace with the vigor and activity of his mind, when he rose to read a paper or to address the Society, as was so commonly his habit. His spirit truly was willing, but his flesh was weak.

In October last he was compelled to relinquish the practice of his profession. Dr. HOLMES always remained a student, and sought knowledge from every available source. At the bedside and in his library, as in the early days of his practice, so in the last months of his career, he diligently observed and read. This life-long observation and extensive reading made him a wise physician, a valued counsellor, and a highly successful practitioner.

With that confidence which had ever marked his simple, trusting, Christian faith, the religion of common life was carried to his sick chamber, and there it remained with him, without show or ostentation, but growing into fuller beauty and power, as his departure drew nigh. Those only who were permitted to witness the inmost privacy of that room of suffering, can testify to the "abundant promise" which was vouchsafed to a dying Christian.

WORDS OF WISDOM.

The *Humboldt Medical Archives*, St. Louis, Mo., says of the *POCKET RECORD*:

"It is the most complete book of the kind we have ever seen."

Dr. A. D. P., of Texas, says:

"It (the *REPORTER*) suits me better than any journal I have read since I have practiced in the United States, now about twenty-seven years."

Dr. V. E. H., of Texas, says:

The *COMPENDIUM* is a journal equal in every particular to any now in existence, and a great acquisition to any medical library."

Dr. M. Y., of Canada, says:

"I prize the *REPORTER* very highly. The mere subscription price has been given back to me again and again. Frequently I have been repaid in the perusal of one article. All are good."

ANSWERS TO CORRESPONDENTS.

Dr. G. A. S., of N. Y.—I. We consider the cup and coil, and globular gutta-percha pessaries advertised in this journal as good as any you can use.

2. Treatment of diseases of the air-passages by atomization and the nasal douche is frequently employed in hospitals here, with good effect.

3. Sweet quinine and svappa are highly spoken of; we cannot tell you how the former tastes, because we have never tasted it. It is probably a tannate of quinine.

4. We give vaccine virus gratuitously to those who apply for it, enclosing a postage stamp, and agreeing to return some of the product.

5. We do not need the numbers you mention.

6. If you want back numbers, send the whole number, not the volume and number in the volume.

Dr. F. R. G., of N. C.—"I have an obstinate case on hand of chronic pain in the right testicle, and occasionally the left. The patient is a robust, plethoric young man, of about thirty years of age. In his youth was troubled with varicocele of the left testicle, but has almost entirely recovered from that. Has never had any symptoms of stricture of the urethra or of diseased prostate. He never had syphilis. Has no symptom of kidney disease, urine perfectly natural. Seldom suffers any pain, except just before rising in the morning. Sleeps well all night until about one hour before day every morning, and then is subjected to severe pain of a heavy, dragging nature until after walking about a while, and then all his pain and uneasiness disappears, to return the next morning invariably. His sexual vigor is also impaired. I have used all the remedies recommended for neuralgia, with unsatisfactory results. What is the disease, and what treatment would you advise?"

Dr. W. A. F., of Minn.—"I submit to you the following case for advice:

Oct. 22d. Called to see Mrs. S., five miles in the country. Age about 25; 5 ft. 5 in. high; slender form, light hair and complexion. Has a child (the second) three months old. For at least six months has had pain in right side, below margin of ribs, and in right shoulder. Had, at first visit, extreme pain, deep jaundice, scanty and dark-red urine; pulse 130; bowels costive. Gave mercurials and verat. viride, warm fomentations to side. In three or four days fever had subsided considerably, pain not so acute, but aching. Blister to side. Discovered a tumor extending from margin of ribs on right side, crest of ilium, smooth and hard, edges defined. Discharges from bowels described as resembling thin soapuds in color and consistency. Continued mercurials another week. Slight diminution in size of tumor, discharges from bowels less scanty. Jaundice not diminishing. Patient being feeble, and fearing it would result in hepatic abscess, discontinued mercurials, and gave nitro-muriatic acid internally, and externally, blisters to side continued. After about six weeks from the time I first saw her, tumor had diminished about one-half, and discharges from bowels assumed a natural color. Jaundice now began to disappear, and in a couple of weeks more had entirely disappeared. Since that time has had two severe attacks of pain and fever, about like what I first saw, each lasting four or five days. Has been working about the house, sewing some, and occasionally riding out, for the last six or eight weeks. The tumor recedes very slowly, if at all, notwithstanding the use of nitro-muriatic acid continually, friction over tumor, application of blisters and iodine internally.

"I call it chronic hepatitis, and treat accordingly. Can I do any more to relieve, or rather to cure?"

METEOROLOGY.

February,	15,	16,	17,	18,	19,	20,	21.
Wind.....	N.W.	S.W.	W.	N.W.	W.	N.E.	N.E.
	Cl'dy.	Clear.	Cl'dy.	Clear.	Cl'dy.	Cl'dy.	Cl'dy.
Weather.....			Sh'r.		Snow.	High	wind.
Depth Rain.....			4-10				
Thermometer.							
Minimum.....	33°	27°	22°	28°	23°	19°	25°
At 8 A. M.....	45	42	41	42	35	31	34
At 12 M.....	52	45	44	44	43	37	39
At 3 P. M.....	52	47	46	49	45	27	41
Mean.....	45.50	40.25	38.5	38.50	36.50	28.50	34.25
Barometer.							
At 12 M.....	29.3	29.5	29.5	29.3	29.4	29.8	29.9

Germanstown, Pa.

B. J. LINDEN.